



## Topic Exploration Report

Topic explorations are designed to provide a high-level briefing on new topics submitted for consideration by Health Technology Wales. The main objectives of this report are to:

- Determine the quantity of evidence available for a technology of interest.
- Identify any gaps in the evidence.
- Inform decisions on topics that warrant fuller assessment by Health Technology Wales (HTW).

<b>Topic exploration report number:</b>	TER386
<b>Topic:</b>	Solution-focused assessment tools for improving the management and treatment of people with severe mental illness within secondary mental health services.
<b>Summary of findings:</b>	<p>The ability to understand how the care provided to an individual with a severe mental illness affects their wellbeing and aligns with their goals and circumstances is important in optimising management, treatment and improving patient outcomes. Solution-focused assessment tools aim to structure and improve the communication between health professionals and service users to support discussions around their quality of life and care with a view to improving therapeutic effectiveness and promotion of recovery. The topic proposer highlighted DIALOG+ as a specific intervention that follows this approach.</p> <p>Two relevant guidelines, two cluster randomised controlled trials, an acceptability study and a process evaluation were identified. Results suggest that DIALOG+, when implemented as part of routine care, allows for more effective communication between service users and clinicians and could improve the delivery of care. At the end of the trial period, the number of unmet needs was significantly reduced and the reporting of subjective quality of life was significantly higher. There is also evidence to suggest that DIALOG+ may result in cost saving for the NHS compared to standard practice (Priebe, et al., 2007). An acceptability study (Matanov, et al., 2021) found that service users and clinicians had favourable opinions of the tool and were interested in continuing to use the tool.</p>

## Introduction and aims

Solution-focused therapy (SFT) concentrates on helping individuals construct solutions and work productively toward the future by supporting their existing skills, strategies and ideas rather than focusing on the problem that brings them to treatment. Clinicians and service users work collaboratively to identify avenues and mechanisms for change, and the individual is treated as an expert in their own lives. SFT tools are therefore future-focused, goal directed tools that assist in the provision of care by placing emphasis on constructing solutions and facilitating change.

DIALOG+ was highlighted as a specific example of these tools by the topic proposer. This tool includes a computer-mediated outcome measure used to rate service users' satisfaction with eight life domains and three treatment aspects on a 7-point scale. These are used to judge progress and develop future treatment goals in a structured way. The measure generates a score for subjective quality of life and treatment satisfaction and provides a basis for improving patient outcomes and cost saving compared to standard care. DIALOG+ has been used in the care and treatment of people with schizophrenia, psychosis and chronic depression.

Health Technology Wales researchers searched for evidence on the use and outcomes of DIALOG+ and similar tools for people with severe mental illness in secondary mental health service settings.

## Evidence overview

We identified two relevant guidelines that relate to management of severe mental illness within secondary care that relate to solution-focused assessment tools. We identified two randomised controlled trials (RCTs) and two individual studies that examined the DIALOG+ tool but did not find evidence relating to other similar tools.

### Guidelines

No guidelines were found that explicitly mentioned DIALOG+. However, two NICE guidelines that contained potentially relevant recommendations were identified.

NICE Guideline CG136: '*Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services*' includes recommendations for developing care plans jointly with the service user that encourage and promote social inclusion (1.4.2) and ensuring services users have access to their own care plan and record, with space for their individual views and preferences where any differences of opinion could be noted (1.4.6).

NICE Guideline CG178: '*Psychosis and Schizophrenia in adults: prevention and management*' includes recommendations for a multi-disciplinary approach to assessment of service users that address multiple domains including social, physical and developmental health and wellbeing while also assessing the service users' quality of life and economic status (1.3.3.1). This guideline also recommends that the care plan should be written in collaboration with the service user following assessment and that they should receive a copy (1.3.3.4).

### Effectiveness

Two RCTs were identified examining the effectiveness of DIALOG+, and an earlier version of the tool, DIALOG.(Priebe et al, 2007; Priebe et al, 2015).

Priebe et al. (2007) conducted a cluster-randomised trial with six sites across Europe to examine the effectiveness of an earlier version of the DIALOG+ tool, DIALOG. In the trial, 134 health

professionals across six European countries were randomised to provide standard treatment or standard treatment with the DIALOG tool. As a result of this, 507 participants with a diagnosis of schizophrenia or related disorders were followed up every two months for one year. The study found that participants who received standard care with DIALOG had significantly improved quality of life, and treatment satisfaction and significantly reduced unmet needs. However, there was not a significant difference in the presence of symptoms of schizophrenia. The authors state that the results of the original DIALOG tool may have been less impactful than hoped as the tool did not provide any guide for clinicians to respond to service users' ratings, preventing change from occurring in the provision of care.

Priebe et al. (2015) evaluated a newer version of the tool, DIALOG+, that aimed to strengthen the solution-focused elements. In a cluster-randomised trial, 49 clinicians working in community mental health teams (CMHTs) in London, UK were randomised to provide either the DIALOG+ intervention or the control condition in a 1:1 ratio. As a result of this, 179 patients with a diagnosis of schizophrenia or a related disorder scoring lower than 5 on the Manchester Short Assessment of Quality of Life (MANSA) were followed up at 3, 6 and 12-month intervals. The study found that participants who received standard care with DIALOG+ had significantly improved quality of life and significantly fewer unmet needs at the 3 and 6 month stages but maintenance of effects was variable at longer term follow up. Use of the DIALOG+ tool by clinicians varied, with an average of 1.8 sessions in the first three months, and 1.1 in the second three months. Use of the tool reduced greatly after six months when it became clinicians and patients choice to continue or not.

A process evaluation (Omer, Golden and Priebe, 2016) undertaken as part of the 2015 RCT was also identified. This suggests that DIALOG+ has the potential to initiate change in the provision of care by providing a solution-focused structure to routine meetings in the secondary mental health setting for patients with a diagnosis of psychosis. The evaluation identified four qualitative themes discussed during the use of DIALOG+: structure, self-reflection, self-expression and empowerment. The identification of these themes suggests that DIALOG+ has a positive effect on domain-specific change by allowing patients to articulate their experiences more effectively than in standard care, but the need for further research on monitoring these factors is acknowledged by the authors.

#### *Acceptability and Patient Experience*

An acceptability study (Matanov, et al. 2021) identified that DIALOG+ was viewed as acceptable by both service users and clinicians for treating chronic depression and indicated an interest in the continued use of DIALOG+ as part of the care routine. Service users also identified that using DIALOG+ enabled them to be more vocal about their needs and resulted in greater feelings of empowerment and more transparent treatment plans. The study identified a number of shortcomings with DIALOG+, specifically related to technological competency. Clinicians expressed concerns that their personal discomfort with using technology may have influences service users' perceptions of their competency and the efficacy of the intervention, highlighting the need for ongoing support and further training. These issues were also explored in Priebe, et al. (2015) who claim that computer technology '*may support such attempts...but is [sic] not the essence of the intervention.*'

#### *Cost-effectiveness*

Both of the RCTs report findings from a trial-based economic evaluation (Priebe et al. 2007; Priebe et al. 2015). Priebe et al. (2007) report that the costs in the intervention group were lower than those for the control group and Priebe et al. (2015) replicates these findings. Priebe et al. (2015) used a

regression model with bootstrapping and report that there was a 72.4% probability of the intervention both improving outcomes and saving costs.

### Areas of uncertainty

We did not identify any trials of DIALOG+ used for any severe mental illnesses other than schizophrenia and chronic depression in the UK. Cluster RCTs that did study other conditions were all conducted outside of the UK, and were excluded from this TER due to concerns over transferability of evidence. These would need to be considered as part of a full appraisal of DIALOG+.

Were this to proceed to a fuller appraisal, further clarification is required in the following areas:

- What would be the precise population of interest – there are a wide range of conditions treated by secondary mental health services, which in many cases may see the recovery-focused aspect of the tool become problematic.
- What outcomes would be most relevant for this intervention and population of interest.
- Whether DIALOG+ should be assessed by itself, or whether other similar interventions should be included.
- How the tool would integrate with current NHS systems, particularly in regard to Information Governance.

## Literature search results

### Health technology assessments and guidance

NICE. (2011). Clinical guideline [CG136] - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. Available at: <https://www.nice.org.uk/guidance/cg136>.

NICE. (2014). Clinical Guideline [CG178] - Psychosis and schizophrenia in adults: prevention and management. Available at: <https://www.nice.org.uk/guidance/cg178>.

### Individual studies

Omer S, Golden E, Priebe S. (2016). Exploring the Mechanisms of a Patient-Centred Assessment with a Solution Focused Approach (DIALOG+) in the Community Treatment of Patients with Psychosis: A Process Evaluation within a Cluster-Randomised Controlled Trial. PLoS One. 11(2): e0148415. doi: 10.1371/journal.pone.0148415

Matanov A, McNamee P, Akther S, et al. (2021). Acceptability of a technology-supported and solution-focused intervention (DIALOG+) for chronic depression: views of service users and clinicians. BMC Psychiatry. 21(1): 263. doi: 10.1186/s12888-021-03256-5

Priebe S, McCabe R, Bullenkamp J, et al. (2007). Structured patient-clinician communication and 1-year outcome in community mental healthcare: cluster randomised controlled trial. Br J Psychiatry. 191: 420-6. doi: 10.1192/bjp.bp.107.036939

Priebe S, Kelley L, Omer S, et al. (2015). The Effectiveness of a Patient-Centred Assessment with a Solution-Focused Approach (DIALOG+) for Patients with Psychosis: A Pragmatic Cluster-Randomised Controlled Trial in Community Care. Psychother Psychosom. 84(5): 304-13. doi: 10.1159/000430991

### Date of search:

August 2022

### Concepts used:

DIALOG, DIALOG+, secondary mental health services, solution-focused therapy, technology assisted therapy, psychosis, schizophrenia, chronic depression, CMHT